	Under the Papers	work Redi	ction Act	of 1995, no pa	rsons are		U. S. Por	ieni o	Approved Trademan	ed for use the h Office: U.S.	DEPA	0/3 1/2002. O	SBOD (08-00) MB 0651-003 COMMERCI
PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docker Number    Comparison of the Control of the C													
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)									SMALL E	SALLIA TO 1	OR	OTHER 1	
POR			NUMBER FILED			NUMBER EXTRA		1	RATE	FEE	1	RATE	FEE
	LSIC FEE							1	111	<u>, 370</u>	OR	7.	s
TOTAL CLADAS OT OFR LINCO			9 minus 20 =			. 0			x \$=	0	OR	25 -	
DIDEPENDENT CLAIMS			2 mines 3 =			• • 0				0	OR		
		DENT C	LAIM PRESENT OF CVR 1.1660			D				0	OR	<u> </u>	-
• 110	e élicure b cobe	per sens es	ter"()" in column	J	TOTAL	370	OR	TOTAL					
CLAIMS AS AMENDED - PART II COMMON (COMMON I) COMMON II COMMON I) COMMON II COMMON I) COMMON II COMMON I) COMMON II COMMON I) COMMON II COMMON III													
AMENDMENT A		REM/	LIMS LINING TER DMENT		PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	OF CFE 1.5000	• ]	1	Minus	•••	20	= _/	]	x \$=	/	OR	x \$ =	
	(13 CPR 1.1600)	•		Minus	•••	3	•		x •		OR OR	×=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (FIGS. LINCO)								÷—_=	/	OR	+	
	11 8 05 (Column 1) (Column 2) (Column 3)							A	TOTAL ODIT. FEE		OR	TOTAL DDIT, FEE	
AMENDMENT B		REM/	IMS INING ER DMENT		HIC NU PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total 07 CFR LIGOR	٠	5	Minus	••		•	1	x \$=		OR	x s	
	Independent (17 CYR 1.140))	•	1	Minus	***		E	1	x=		OR OR	x*	
∢	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEP					(37 CFR 1.16(d))	1	+°		OR	+	
	(Cohumn 1) (Cohumn 2) . (Cohumn 3)								TOTAL DDIT. FEE		OR	TOTAL DOIT. FEE	
AMENDMENT C					NU PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total OF COR LINEOD	•.		Minus	••		-		x \$=		OR	x \$=	
	Independent 07 CFR L1600	•		Minus	***		•		x=		OR OR	,	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (7) CF# L MM/II								+		OR	٠ <u> </u>	
*1	f the entry in colu f the "Highest Nur	no 1 is les	s than the lously Pair	entry in colum	n 2, writ	t "O" in colun is less than 1	no 3. O, enter "20".		TOTAL ODIT. FEE		OR	TOTAL DOTT. FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or (adependent) is the highest sumber found in the appropriate box in column 1.													

Burden Hour Statement: This form is estimated to take 0.2 hours no econolises. Time will vary depending upon the needs of the individual case.

Any comments on the anount of time you are negated to complete this form should be sent to the Chief Information Office, U.S. Parent and Trademark
Office, Washington, DC 20231. DO NOT SENT FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for
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